

## LAWRENCE &amp; MEMORIAL HOSPITAL

## POLYSOMNOGRAM SUMMARY

Pt Loc: SLEE

Job#: 000276989

Name: CLEARY, EUGENE

DOB: [REDACTED]

Date of Study: 10/28/2009

Authorization #:

Account #: [REDACTED]

MR#: M0436100

Case #:

Sleep #:

**INDICATION:** This is a 49-year-old male referred to the sleep lab over concerns of excessive daytime somnolence and fatigue. On review, he is 5 feet 10 inches tall, weighs 294 pounds and his body mass index is 42. He says he has been told by many people of sleep apnea and he is here to find out what he can do about it. It began in his 20s. It is hard to tell because he thinks it is causing some problems with him. The remainder of his sleep questionnaire was not filled out except for his Epworth scale which was 3, which is not overly suggestive of daytime somnolence.

**PROCEDURE:** Please see Lawrence & Memorial Hospital split-night titration.

**RESULTS:** On review of his diagnostic pre-CPAP analysis report, he spent 65% of the evening in stage 1, 34% in stage 2, there was no delta or REM sleep. Sleep efficiency was 75%. His apnea-hypopnea index in non-REM was 87, which is severe. His O2 saturation was below 90% for 76 minutes and his arousal index was 100. His periodic leg movement index was 0. As per sleep lab criteria, then he was converted to a CPAP titration. He was started on CPAP at approximately 1:46 AM at a CPAP of 4 and gradually increased to a CPAP of 13. At a CPAP of 13 his respiratory disturbance index was 0, at 12 it was 0 and at 11 it was 22, which means it can be decreased. His periodic leg movement index actually did pick up as he was treated with CPAP, indicating that it is probably based on arousals.

**OVERALL IMPRESSION:** Successful split-night titration with an optimum pressure of 13 with a C-flex of 3 using a medium ComfortGel nasal mask. Heated humidified system is recommended. No chinstrap was required. Weight loss of even 10% is indicated. If he cannot tolerate CPAP, considerations for uvulopalatopharyngoplasty or a dental device may be entertained. His periodic leg movement index was somewhat more elevated with CPAP. His initial pre-CPAP analysis had almost no periodic leg movements. If he does have symptoms consistent with restless leg or periodic leg movement disorder, considerations for a trial of treatment with Mirapex or Requip may be entertained.



Robert Meikle, MD